PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no person are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwo Complete if Known Effective on 12/08/2004. 09/499526 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number TRANSMITTAL Filing Date February 10, 2000 First Named Inventor Kuanghui Lu For FY 2005 Examiner Name R. M. Deberry Applicant claims small entity status. See 37 CFR 1.27 1647 Art Unit CIBT-P01-058 TOTAL AMOUNT OF PAYMENT 1,020.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Ropes & Gray LLP 18-1945 Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 x Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 500 200 Utility 150 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: 1253 Extension for response within third month 1,020.00 SUBMITTED BY Registration No. Sionature 46,862 Telephone (617) 951-7794 (Attorney/Agent) Name (Print/Type) Agnes S. Lee December 15, 2004 I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: Signature: (Ginny Blundell)



1647

In re Application of:

Lu et al.

Serial No: 09/499,526

Filed:

February 10, 2000

For:

Methods and Reagents for Treating

Glucose Metabolic Disorders

Attorney Docket No. CIBT-P01-058

Art Unit:

1647

Examiner:

R. DeBerry

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below:

December 15, 2004

Date of Signature and of Mail Deposit

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REPLY UNDER 37 CFR 1.111

Sir:

This amendment is being filed in reply to the outstanding Office Action, mailed June 15, 2004, in connection with the above application. Please enter the following amendments:

Amendments to the claims begin on page 2 of this response.

Remarks begin on page 18 of this response.